FORM			CITY OF LAKEWOOD – I City Income Ta				20	14	Due B	y: April 15, 201	
DATE	E OF M	OVE D	PURING 2014:								
Date Into Lakewood Previous Address:								REFUND EXTENSION attached			
				ess:					NDED Year		
Name	e(s) an	d Cur	rent Address		Taxpaye	r's Social Security N	umber				
					Spouse's S	ocial Security Numbe	er (if joint)				
						Was Miles Was Inc. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co			iecks payable and m akewood - Division o		
								PO Box	77047 Cleveland, Ol	1 44194	
				,	Filing Sta	tus – CHECK ONL	YONE		216) 529-6620 Fax: : www.onelakewood.	. ,	
					Single		F	IF RENT			
					1	d - Filing Joint		Landlord			
	L				L Marrie	d - Filing Separate	ely	Mailing /	Address:		
<u> </u>	hone_ LE A:		GES AND COMPENSATION	ON (ATTACH FEDI				AGE 1 OF	YOUR 2014 FEDER	AL RETURN)	
Dat	tes wag	es	LOCATION WHERE EARNED	Column 1	Column 2	Column 3	Colum	nn 4	Column 5	Column 6	
	re earne		List each W2 separately		Withheld for	Withheld for	Tax Cred		Smaller of	Tax Credit	
мм с	DD MM	1 DD		Total Wages or Compensation	Lakewood	other localities	(Column		Column 3 or 4	(Column 5 x .50)	
			LAKEWOOD								
			LAKEWOOD								
•			Total from supplementary page(s)		100	1					
			Total								
				(to Line 1)	(to Line 6)					(to Line 7)	
2. N 3. N	Wages Non – N Non – N	Nage Nage	compensation (from Table A, Col Income (from Table B, Column 5 Income not reported on Table B income (add Lines 1, 2, and 3)	i, Line 6) – DO NO		t less than zero	1. 2. 3.		4. [
5. T 6. T 7. V 8. N 9. li 10. T 11. T	Taxes v Wage in Non-wancome Total cr Tax due	withher come in the come in th	ood tax due before credits (multiple) bod tax due before credits (multiple) before and paid to Lakewood (from Tella A, Colum come tax credit (from Table B, Colaid by a Lakewood based LLC, For (add Lines 6, 7, 8, and 9) are estimate payments (subtract led tax payment(s) and unused payments (subtract Line 12 from Line 11	Table A, Column 2) on 6) column 5, Line 11) Partnership, or S-C Line 10 from Line 8 orior year credits -	orp. 5) up-to-date amour				-		
	PAYME		at If Line 10 is greater than Line	a 11 and not look	than &E OO aubtra	at line 11 from Lin	20 10		14 [
	-	-	nt - If Line 12 is greater than Line 4 - Amount to be credited to 201	•	· ·			eed to Li	14. <u>[</u> ne 17)		
	NCE D			-			`		, , , , , , , , , , , , , , , , , , , ,		
			e – If Line 11 is greater than Line	12, and not less th	nan \$5.00, subtrac	ct Line 12 from Lin	e 11		16.		
			DME TAX FOR 2015 come tax for 2015 (from Line 11)				17.				
			payment (multiply Line 17 by 25						18.		
			pplied to first quarter estimate (f	•	oot Line 10)				19		
			due by April 15, 2015 (add Line eclares this to be a true, correct			Income Tax for the	period sta	ted.	20. [
			· · · · · · · · · · · · · · · · · · ·						ard-Mastercard /	Visa / Discover	
axpay	er's Si	gnatu	u e		Da	ate	Account h	lumbar		Con Code	
Spouse	e's Sigi	nature	9	197	Da	ate	Account N Exp. Date		Amount Pa	Sec. Code	
Tax Pre	eparer'	s Sigr	nature (If other than taxpayer)	Phone #	Da		⊏хр. ∪а≀е		Amount Pa	ич Ф	

I authorize the City of Lakewood - Division of Municipal Income Tax to discuss my account and enclosures with my preparer (above) Signature

Name(s) on return		Taxpayer's social security number							
TABLE A-1: PART-YEAR RESIDENT C	ALCULATION Additional copies of the				n the State of	Ohio - s	ee instructior	as)	
Number of months lived in Lakewood				i i					
Divide Line 1 by 12 Part-Year Percentage (Multiply Line 2 by 100) - enter	in Column 1 and Colur	mn 3							
5. Fart-Tear Fercentage (Muniply Line 2 by 100) - emer	in column 1 and colum	iii o							
Dates wages LOCATION WHERE EARNED	Column 1 Column 2		Column	3 C	Column 4		umn 5	Column 6	
were earned List each W2 separately (Lakewood W2s on Table A only)	Total Wages or Compensation	Withheld for Lakewood	Withheld other local	for Tax C	Tax Credit Limit (Column 1 x .01)		aller of nn 3 or 4	Tax Credit (Column 5 x .50	
MM DD MM DD (Lakewood W2s on Table A only) Part-Year Percentage (From Line 3)	or compensation	Lakewood	Other local	illes (cold	11111 1 X .017	Colum	111 3 01 4	C. X C IIIII DIOO	
Multiply each listing by the percentage				_%					
in Column 1 & 3 before entering on form								a de la companya de	
							L		
	(to Table A, Column 1)						(to	Table A, Column	
ABLE B: NON-WAGE INCOME (ATTACH	A COPY OF APP	LICABLE FED		T					
additional copies of this table are available a	om	Column 1 Earned In	Column 2 Earned Ir	1		Column 4 Earned In	Column Totals		
axable Non-Wage Income			Lakewood	Earneu ii	Lame	4 111	Earneu III	to Page	
. Proprietorship Income (Loss) (From Federal Sched	dule(s) C)								
2. Rental Income (Loss) (From Federal Schedule(s) E									
3. LLC, Partnership, S-Corporation or Trust Income (L.	oss) (From Federal Sc	hedule(s) E, K-1)							
1. Loss CarryForward		()	() () (()	
5. Taxable Non-Wage Income (Add Lines 1, 2, 3, and	Subtract Line 4 for ea	ach Column)							
If Line 5	is equal to or less	than zero, enter	the Loss on	appropriate	Table B-1 L	ine			
6. Total Taxable Non-Wage Income (Add all applicable C	olumns, Line 5) - Enter	on Page 1, Line 2			and the second				
ASSESSMENT AND ADDRESS OF A SECOND ASSESSMENT ASSESSMEN	If Line 6 is equal to		o, enter zero	on Page 1,	Line 2				
ax Credits - (A COPY OF EACH OTHER LOCALITY	TAX RETURN IS REQI	UIRED)						automatica in a fortica de construire	
7. Tax paid to other localities outside Lakewood	***************************************								
3. Tax credit limit of 1% (Multiply Line 5 by 1% or .01)						·····		
9. Income limit for tax credit calculation (smaller of Li	ne 7 and Line 8)								
). Tax credit (Multiply Line 9 by 50% or .50)									
. Total Tax Credit (Add all applicable Columns, Line	10) - Enter on Page 1,	Line 8							
		. Door darm it was been the Door with Land are militally and Citizen Device.				manus medicinus inyde inv			
ABLE B-1: LOSS CARRYFORWARD SCI	IEDULE								
A LIPPORT OF THE COLUMN TO THE	Column 1	***	Column 2		Column 3		Co	lumn 4	
Additional copies of this table are available at www.onelakewood.com	Earned In		Earned In		Earned In		Ea	rned In	
	Lakewood								
014 Loss that can be carried forward until 2019									
ABLE C: TAXPAYER AND/OR SPOUSE E	EXEMPTION (YO	U MAY BE REC	QUIRED TO	ATTACH F	PROOF - S	EE INS	TRUCTIO	NS)	
Taxpayer					Spous	Э			
Retired as of	etired as of								
Social Security / disability income only for all of	Social Security / disability income only for all of 2014								
Unemployment income for all of 2014	Unemployment income for all of 2014								
No taxable income for 2014 - explain:		□ No taxable income for 2014 - explain:							
Under 18 years of age for all of 2014 - Date of		☐ Under 18 years of age for all of 2014 - Date of birth							
Full time student living on campus		ıll time studen	_						
Active military duty income only for all of 2014		☐ Active military duty income only for all of 2014							
Non-resident for all of 2014		Non-resident for all of 2014							
Business/rental closed or sold	usiness/rental closed or sold								